

Application Data Sheet

Application Information

Application number::	09/848,990
Filing Date::	05/03/01
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	TREATMENT OF HYPERTRIGLYCERIDEMIA AND OTHER CONDITIONS USING LXR MODULATORS
Attorney Docket Number::	018781-004910US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bei
Middle Name::
Family Name:: Shan
Name Suffix::
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 349 Quay Lane
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94065

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joshua
Middle Name::
Family Name:: Schultz
Name Suffix::
City of Residence:: Half Moon Bay
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: P.O. Box 765
City of Mailing Address:: Half Moon Bay
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94019

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Hua

Middle Name::

Family Name:: Tu

Name Suffix::

City of Residence:: San Bruno

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 750 Glenview Drive, Apt. 307

City of Mailing Address:: San Bruno

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94066

Correspondence Information

Correspondence Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Non-Provisional of 60/201,601 05/03/00